TIF PROJECT SCORECARD

| STATE OF THE STATE OF | 51.10 | Note Interest | | | | | | |
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1500 S. Fairfield Avenue

Sinai Health System plans a multi-phased renovation project comprised of seven distinct components involving the demolition, rehabilitation/renovation and site improvements effecting eight buildings on Mt. Sinai Hospital campus located at California Ave at 15th Street. The renovation will upgrade campus facilities that will improve the environment of care, increase capacity to deliver health care, and extend the useful life of Sinai's facilities.

| Type of Project: Institutional | Developer: Sinai Health System | | | | | | | |
|---|---|--|--|--|--|--|--|--|
| Total Project Cost: \$100,000,000 | Timeline for Completion: 2021 | | | | | | | |
| TIF Funding Request: \$31,000,000 | Project Status: June 2014 CDC | | | | | | | |
| TIF District: Midwest | | | | | | | | |
| RETURN ON INVESTMENT BENCHMARKS | | | | | | | | |
| Advances Goal of Economic Development Plan YES | or NO Jobs Created/Retained 3,000 retained | | | | | | | |
| Develop and deploy neighborhood assets to align with regional econ growth | | | | | | | | |
| Advances Goal of TIF District YES or NO | Affordable Housing Units Created/Preserved | | | | | | | |
| | Not applicable | | | | | | | |
| An environment which will contribute more postively to the health, safety and general welfare of the Area & the surrounding community | | | | | | | | |
| Addresses Community Need YES or NO Return on Investment to City | | | | | | | | |
| Mt. Sinai is critical provider of healthcare to low-income co | Not applicable ommunity. | | | | | | | |
| DINIANCIAL DENIGHEADIG | | | | | | | | |
| | CIAL BENCHMARKS Einstein Structure | | | | | | | |
| Other Funds Leveraged by \$1 of TIF \$2.18 | Financing Structure State of IL Grants \$10,500,000 Fundraising \$55,000,000 | | | | | | | |
| Types of Other Funding Leveraged YES or NO | Capital from Operations \$34,500,000 | | | | | | | |
| | | | | | | | | |
| State grant, contributions | | | | | | | | |
| RDA TERMS | | | | | | | | |
| Payment Schedule: annual payments paid over 9 years | Monitoring Term of Agreement: 10 years | | | | | | | |
| Taxpayer Protection Provisions YES or NO | | | | | | | | |
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| | | | | | | | | |
| Sinai must operate the facility as a health care facility | | | | | | | | |
| | CONSIDERATIONS | | | | | | | |

